



# Moore County Environmental Health

## Memorandum

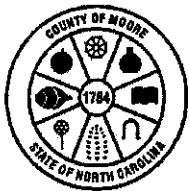
**To:** Event Coordinator  
**From:** Environmental Health Specialist  
**Re:** Request for Contact and Event Information

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The Moore County Environmental Health Section is glad you have decided to be involved with county events and we are looking forward to working with you. To help us better serve you and make the permitting process run as smoothly as possible, we need the following information:

- A letter stating the name of the event and whether water and sewer will be provided
- Provide the following packet to all the food vendors you will be allowing to set up at the event.
- A list of food vendors with contact information and food items to be sold (provided at least 2 weeks prior to the event). The vendors are required to turn in their paperwork to us atleast 2 weeks prior to the event.
- Map showing the location of food vendors at the event

We look forward to working with you. Contact our office to see who will be working with you on the event at 910-947-6283.



# MOORE COUNTY

## Temporary Food Establishment Vendor Application

Date Submitted  
To Moore County

Contact Name

Best Contact  
Number

**THE TFE APPLICATION(S) AND THE REQUIRED FEE(S) MUST BE RECEIVED BY MCEH AT LEAST FIFTEEN (15) CALENDAR DAYS PRIOR TO THE EVENT, OR THE APPLICATION SHALL BE DENIED.**

**SUBMIT TO:**

MOORE COUNTY CENTRAL PERMITTING  
ATTENTION: ENVIRONMENTAL HEALTH  
PO BOX 905, CARTHAGE, NC 28327

FOR QUESTIONS PLEASE CALL ENVIRONMENTAL HEALTH AT 910-947-6283

Event:

|                         |                           |          |               |
|-------------------------|---------------------------|----------|---------------|
| Event Location:         | (Street)                  | (City)   | (Zip)         |
| Event Dates:            | To:                       | Hours:   | To:           |
| Event Coordinator:      | (Name)                    | (Number) |               |
| Coordinator Address:    |                           |          |               |
| Booth Name:             | Owner/Operator/Corp Name: |          |               |
| Owner/Operator Address: | (Street#)                 | (City)   | (State) (Zip) |
| Phone Number:           | Email:                    |          |               |

Name/Location of event worked immediately prior to this event:

1) Do you have an employee health policy **as required?**

Yes: ☐ No: ☐ Copies are available with this packet

2) Will any food and/or drink be prepared at a food service establishment (FSE) prior to the event? This includes washing vegetables, marinating meat, or cooking completed at FSE.

No: ☐

Yes: ☐ All food must be prepared in a permitted FSE, or a Temporary Food Establishment Commissary application must be submitted to obtain a permit. **If the permitted FSE is out of state, please call MCEH before completing this application.**

3) List any foods that are cooked and then placed in the refrigerator/freezer? Examples: Chili, nacho cheese, BBQ.

4) If the event is longer than 24 hours, what is done with leftover product?

5) If fresh produce is used how will it be handled? Produce includes potatoes, tomatoes, lemons, onions, etc.

☐ Purchase prewashed vegetables.

☐ Vendor will provide a produce sink.

☐ Washed at approved FSE (see question 2)

6) Will any animal food items such as beef, eggs, fish, shellfish, and poultry be offered raw or *under cooked*? \*\*\*Consumer Advisory must be posted

☐ Yes – list items:

☐ No

7) **Menu Chart:** Provide a complete list of a food/menu items. A produce sink will be required if produce is not purchased prewashed. Produce includes lemons, potatoes, lettuce, onions etc. Please include all add-on items such as lettuce, tomato, onion, chili, etc. Attach additional sheets if needed.

| Food/Menu Items | Food Supplier/Food Source | Thawing |    | Cut, Washed, Assembled? Where? | How is food handled? Cooked? Where? | Where is item hot/cold held? |
|-----------------|---------------------------|---------|----|--------------------------------|-------------------------------------|------------------------------|
|                 |                           | Yes     | No |                                |                                     |                              |
|                 |                           | Yes     | No |                                |                                     |                              |
|                 |                           | Yes     | No |                                |                                     |                              |
|                 |                           | Yes     | No |                                |                                     |                              |
|                 |                           | Yes     | No |                                |                                     |                              |
|                 |                           | Yes     | No |                                |                                     |                              |
|                 |                           | Yes     | No |                                |                                     |                              |
|                 |                           | Yes     | No |                                |                                     |                              |
|                 |                           | Yes     | No |                                |                                     |                              |
|                 |                           | Yes     | No |                                |                                     |                              |

8) Indicate how food temperatures will be maintained during transport to the event: (check all that apply)

☐ Cooler with ice    ☐ Refrigerated truck    ☐ Cambro    ☐ Insulated heat bags    ☐ Other:

9) Source of ice: (check all that apply)    ☐ Commercial bagged ice    ☐ From approved FSE

10) Source of water:    ☐ Public water supplied by organizer (food grade hose needed)

☐ Sealed bottled water    ☐ Water from permitted FSE

11) Check the boxes that best describes the disposal methods for the following:

| Wastewater:  | Garbage:   |
|--|--|
| <input type="checkbox"/> Event providing grey water disposal bin | <input type="checkbox"/> Event providing dumpsters/pick up |
| <input type="checkbox"/> Event has onsite sewer available to use | <input type="checkbox"/> Other:                            |
| <input type="checkbox"/> Taking back to approved FSE             |  |

12) Check the boxes that best describe equipment in your booth: \*utensil washing and handwash set up is required\*

| Cold holding:   | Hot Holding:                              | Utensil Washing:                                    | Handwashing Set Up:   |
|---|---|---|---|
| <input type="checkbox"/> Refrigerated truck               | <input type="checkbox"/> Steam table      | <input type="checkbox"/> Plumbed 3-compartment sink | <input type="checkbox"/> Plumbed sink   |
| <input type="checkbox"/> refrigerator                     | <input type="checkbox"/> Grill            | <input type="checkbox"/> Plumbed 3 utility sinks    | <input type="checkbox"/> Makeshift station with unassisted gravity flowing faucet |
| <input type="checkbox"/> freezer                          | <input type="checkbox"/> Electric hot box | <input type="checkbox"/> 3 basins                   |   |
| <input type="checkbox"/> Cooler on ice with drainage port | <input type="checkbox"/> Chafing dish     | <input type="checkbox"/> Other:                     | <input type="checkbox"/> Other:   |
| <input type="checkbox"/> Other:                           | <input type="checkbox"/> Other:           |   |   |
|   |   |   |   |

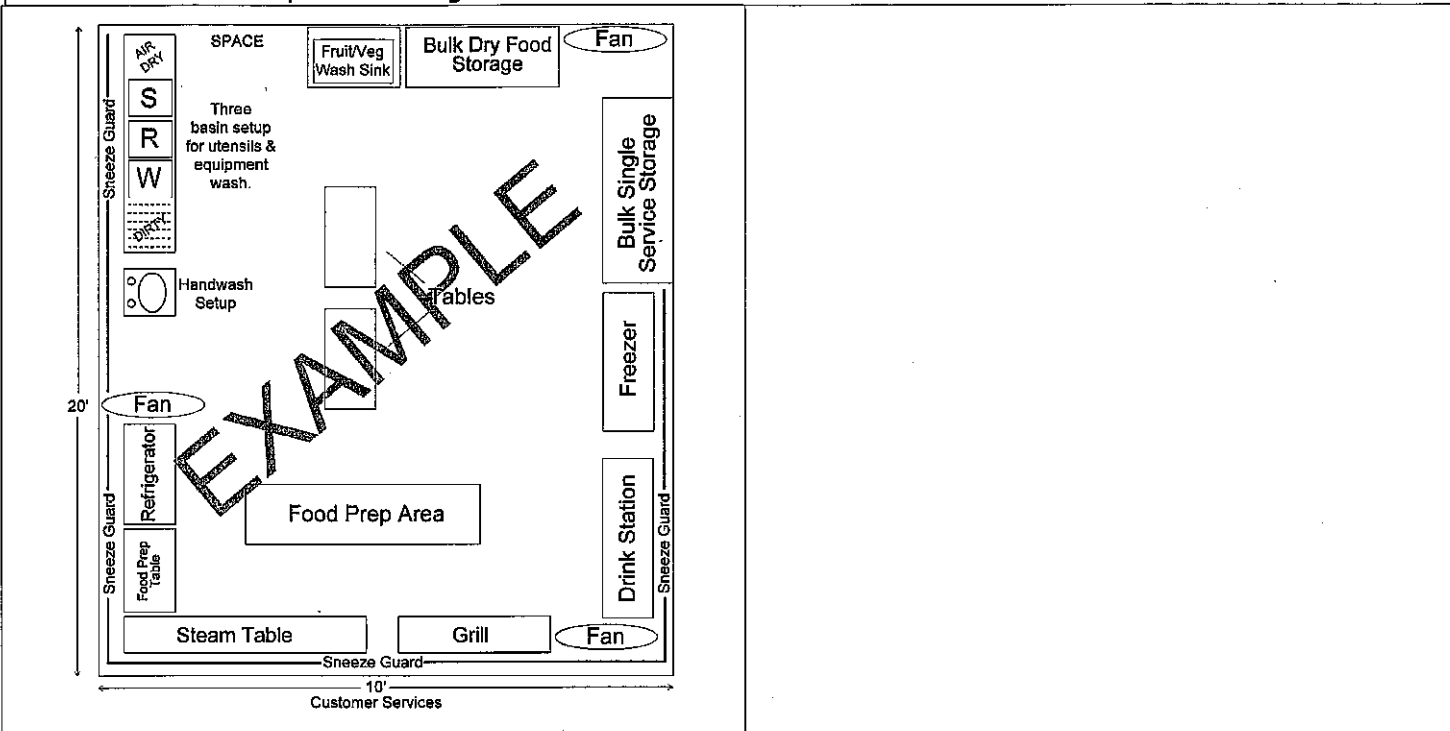
13) Check the box that describes the food booth set up:

☐ tent with sneeze guards and fans    ☐ Building/Indoor Event

☐ Trailer/Self Contained Unit

14) Lighting in food service/storage areas: ☐ Shielded bulbs ☐ Shatterproof bulbs

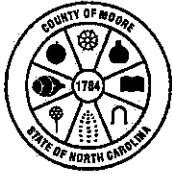
15) Equipment Layout: Draw or attach a diagram showing the food booth set up. Drawing must show front service area, sneeze guards, handwashing station, utensil wash set up with air drying space, produce washing (if applicable), cooking equipment, refrigeration, hot/cold holding equipment, preparation areas, fan placement (if applicable), etc. Applications submitted without completed drawing will be **denied**.



**Statement: I hereby certify that the above information is complete and accurate. I fully understand that:**

- A pre-opening inspection (with electricity and equipment in place) of my temporary food establishment will be required before a permit will be issued.
- Food/drink that is prepared before permitting (without prior approval from MCEH) may result in disposal or embargo of the food/drink.
- Failure to maintain approved temperatures for potentially hazardous foods may result in disposal or embargo of the food.

Owner/Manager/Designee \_\_\_\_\_ Date \_\_\_\_\_



# MOORE COUNTY ENVIRONMENTAL HEALTH

## CHECKLIST FOR TEMPORARY FOOD ESTABLISHMENT VENDORS

The following is a checklist to assist vendors in obtaining and maintaining a permit for a Temporary Food Establishment. All items are required to obtain a permit, however, additional requirements may be applicable. Both the TFE Application(s) and required fee(s) *must be received by MCEH at least fifteen (15) calendar days prior to the event*, or the application shall be denied.

|  |   |
|--|---|
| <b>Employee Requirements:</b> <ul style="list-style-type: none"> <li>No bare hand contact with ready to eat foods</li> <li>Employee health policy</li> <li>Hat, hair or other hair restraint</li> <li>No jewelry on arms and hands except plain ring</li> </ul>  | <b>Utensil Washing:</b> <ul style="list-style-type: none"> <li>3 compartment sink, 3 utility sinks or 3 basins. Must be large enough to submerge the largest utensil</li> <li>Drain board or counter space for air drying</li> <li>Soapy water, rinse water and sanitizer</li> <li>Sanitizer test strips</li> </ul> |
| <b>Tent/Overhead protection:</b> <ul style="list-style-type: none"> <li>All items of food operation must be under tent or approved cover</li> </ul>  | <b>Handwash Station:</b> <ul style="list-style-type: none"> <li>At least a 2 gallon container under pressure</li> <li>Free-flowing faucet/stopcock/turn spout</li> <li>Soap and disposable towels</li> <li>Waste water catch bucket</li> </ul>  |
| <b>Food Protected and Secured:</b> <ul style="list-style-type: none"> <li>Food secured at all times to prevent tampering and contamination</li> <li>All food stored and transported in food grade containers</li> <li>No food exposed to customers (side guards or sneeze guards if needed)</li> <li>Approved self-service condiments</li> </ul> | <b>Food From Approved Source, Protected and Secured:</b> <ul style="list-style-type: none"> <li>Approved food sources with invoices</li> <li>Food stored off ground</li> <li>No food or drink preparation is allowed prior to issuance of TFE permit.</li> </ul>  |
| <b>Water Supply:</b> <ul style="list-style-type: none"> <li>Approved water source</li> <li>Hoses must be for potable water and labeled with booth name. Backflow preventer required if directly connected to water supply</li> <li>Must have means to heat water for utensil and hand washing</li> </ul>   | <b>Fresh Fruit/Vegetable:</b> <ul style="list-style-type: none"> <li>Produce must come in prewashed or a separate produce sink is required</li> <li>Produce sink is for produce washing only</li> </ul>   |
| <b>Waste Water Disposal:</b> <ul style="list-style-type: none"> <li>Disposal in an approved sewage system</li> <li>Lines, buckets and tanks must be labeled</li> </ul>   | <b>Lighting:</b> <ul style="list-style-type: none"> <li>Heat lamps protected against breakage</li> <li>All lights shatterproof or shielded above food prep or storage</li> </ul>  |
| <b>Food Temperatures:</b> <ul style="list-style-type: none"> <li>Provide calibrated metal stem thermometer (reads 0-220F)</li> <li>Consumer advisory required for foods cooked to order</li> <li>Cold holding at 41F and below</li> <li>Hot holding at 135F and above</li> </ul>   | <b>Permitting Times:</b> <ul style="list-style-type: none"> <li>Vendor is expected to be ready at permitting time given</li> </ul>  |
| <b>Insect and Dust Protection:</b> <ul style="list-style-type: none"> <li>Fly fans</li> <li>Ground cover in absence of asphalt, concrete, or grass</li> </ul>  |   |

Application(s) can be faxed to Moore County Central Permitting at 910-947-1303 and payment can be called in at 910-947-2221  
 Application(s) and fee(s) can also be mailed to Moore County Central Permitting, Attn. Environmental Health, at  
 PO Box 905, Carthage NC 28327. They also may be hand delivered to  
 1048 Carriage Oak Drive Carthage NC.

Regardless of method of delivery, both the TFE Application(s) and required fee(s) *must be received by MCEH at least fifteen (15) calendar days prior to the event*, or the application(s) shall be denied. For more information call 910-947-6283  
 A copy of the North Carolina Rules Governing the Protection and Sanitation of Food Establishments 15A NCAC 18A .2600 and the North Carolina Food Code Manual can be obtained at <http://ehs.ncpublichealth.com/faf/docs/foodprot/NC-FoodCodeManual-2009-FINAL.pdf>

# Employee Health Policy Agreement

## Reporting: Symptoms of Illness

I agree to report to the manager when I have:

1. Diarrhea
2. Vomiting
3. Jaundice (yellowing of the skin and/or eyes)
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part (such as boils and infected wounds, however small).

## Reporting: Diagnosed Illnesses

I agree to report to the manager when I have:

1. Norovirus
2. Salmonella Typhi (typhoid fever)
3. Shigella spp. infection
4. E. coli infection (Escherichia coli O157:H7 or other EHEC/STEC infection)
5. Hepatitis A

*Note: The manager must report to the Health Department when an employee has one of these illnesses.*

## Reporting: Exposure of Illness

I agree to report to the manager when I have been exposed to any of the illnesses listed above through:

1. An outbreak of Norovirus, typhoid fever, Shigella spp. infection, E. coli infection, or Hepatitis A.
2. A household member with Norovirus, typhoid fever, Shigella spp. infection, E. coli infection, or hepatitis A.
3. A household member attending or working in a setting with an outbreak of Norovirus, typhoid fever, Shigella spp. infection, E. coli infection, or Hepatitis A.

## Exclusion and Restriction from Work

If you have any of the symptoms or illnesses listed above, you may be excluded\* or restricted\*\* from work.

\*If you are excluded from work you are not allowed to come to work.

\*\*If you are restricted from work you are allowed to come to work, but your duties may be limited.

## Returning to Work

If you are excluded from work for having diarrhea and/or vomiting, you will not be able to return to work until more than 24 hours have passed since your last symptoms of diarrhea and/or vomiting.

If you are excluded from work for exhibiting symptoms of a sore throat with fever or for having jaundice (yellowing of the skin and/or eyes), Norovirus, Salmonella Typhi (typhoid fever), Shigella spp. infection, E. coli infection, and/or Hepatitis A, you will not be able to return to work until Health Department approval is granted.

## Agreement

I understand that I must:

1. Report when I have or have been exposed to any of the symptoms or illnesses listed above; and
2. Comply with work restrictions and/or exclusions that are given to me.

I understand that if I do not comply with this agreement, it may put my job at risk.

Food Employee Name (please print) \_\_\_\_\_

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

Manager (Person-in-Charge) Name (please print) \_\_\_\_\_

Signature of Manager (Person-in-Charge) \_\_\_\_\_ Date \_\_\_\_\_



# MOORE COUNTY

## Temporary Food Establishment Commissary Application

1) Name of Event: \_\_\_\_\_ Dates of Event: \_\_\_\_\_

2) Address of Event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Vendor Name: \_\_\_\_\_ Vendor Phone: \_\_\_\_\_

4) Commissary Name: \_\_\_\_\_

5) Commissary Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) Commissary Contact Information: \_\_\_\_\_  
\_\_\_\_\_

Day Time Phone: \_\_\_\_\_ Email: \_\_\_\_\_

7) Date(s) of Advanced Preparation: \_\_\_\_\_

8) Source of Water for Commissary:

- ☐ Public Water
- ☐ On-site Private Well (Requires Testing by Moore County)

9) Waste Water System for Commissary:

- ☐ Public Sewage
- ☐ On-site Septic System

10) List of Food Items to be prepared at Commissary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11) Method of Maintaining Proper Temperature during Transport to Event:

- ☐ Cooler with ice
- ☐ Refrigerated Truck
- ☐ Hot Holding Box
- ☐ Other: \_\_\_\_\_

I certify that the information on this application is complete and accurate. I understand that any changes to my operation must be submitted to Moore County Environmental Health for review and approval prior to the day of the event:

Vendor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*I agree to allow \_\_\_\_\_ (vendor name) to use  
\_\_\_\_\_ (commissary name) to prepare the food items,  
listed above. I grant access to this facility to an authorized representative from Moore County Environmental Health for purposes of  
issuing a TFE Commissary Permit and/ or collecting water samples when necessary. I certify that the information on this application  
is complete and accurate:

Commissary Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**This application must be submitted with the corresponding Food Vendor Application to:**

Moore County Central Permitting, Attn: Environmental Health at PO Box 905, Carthage NC 28327. They also may be hand delivered to 1048 Carriage Oak Drive Carthage NC. For questions please call Environmental Health at 910-947-6283.



## Moore County

### Temporary Food Establishment Permit Exemption

Name : \_\_\_\_\_  
(Name of Non-Profit (501c-3) or Vendor)

Location: \_\_\_\_\_  
(if multiple locations, please complete separate applications)

Contact person: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

| Menu Items | Date/Time of Operation | Date/Time of Operation |
|------------|------------------------|------------------------|
|            |                        |                        |
|            |                        |                        |
|            |                        |                        |
|            |                        |                        |
|            |                        |                        |

If using a non-profit status, please include the following with this application:

Letter from the IRS verification of non-profit status (501c-3)

On non-profit letterhead include:

Name, address and contact person

The purpose of this fundraiser

A statement that all of the proceeds are to be returned to the non-profit.

Dates, times and locations of fundraiser

Date and location of last exempted function



North Carolina General Statute 130A-250 provides an exemption that allows non-profit organizations 501©(3) to conduct a fundraiser once a month for a period not to exceed two consecutive days. Only a single exemption is allowed per month for the entire state of North Carolina, and the exemption cannot be transferred to another organization. This exemption must be renewed for each event.

By signing below, I certify that the information provided on this application is accurate and complete to the best of my knowledge.

Signature & Title: \_\_\_\_\_ Date: \_\_\_\_\_

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